

MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD

Claim for Reimbursement - Third Party Bodily Injury or Property Damage (type or print)

Complete this form if a petroleum release from this facility has impacted a third party and the owner or operator of the facility is requesting reimbursement of compensation paid to a third party for bodily injury or property damage. A separate claim must be submitted for each release. Additionally, a separate claim must be submitted for each impacted third party. **The Board will conduct an independent review of the appropriateness of bodily injury or property damage for reimbursement from the fund and reserves the right to require the submission of additional information.**

Note: The reimbursement for property damage may not be paid until the corrective action for the release is completed.

1. Owner — Name and Address
Phone Number:
Fax Number:
Tax ID/SSN #:

2. Operator — Name and Address
Phone Number:
Fax Number

3. Third Party — Name and Address
Phone Number:
Fax Number:

4. Contact Person — Name and Address
Phone Number:
Relationship:

4. Facility and Tank Information — This information is for the tank that had the release.

Name of Facility _____

Street Address _____

City/State/Zip _____

DEQ Facility Identification Number _____

DEQ Release Number _____

5. Detail of Costs. (Attach additional pages as necessary.)

Attach all documents that support your claim for reimbursement for third party bodily injury or property damages that have been sustained due to the petroleum release described in **Section 4** of this claim. Include copies of any settlements, judgements or agreements regarding liability for bodily injury or property damages. Attach contractor or vendor invoices that document property damage sustained and briefly describes work completed by each contractor/vendor.

Name of Contractor/Vendor _____

Mailing Address _____

Contact Person: _____

Phone: _____ () _____

Description of Work by Invoice: _____

<u>DATE OF INVOICE</u>	<u>INVOICE #</u>	<u>INVOICE AMOUNT</u>	<u>DESCRIPTION OF WORK</u>
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Multiple invoices may be listed for any one contractor/vendor; however, if you are submitting invoices for multiple contractors/vendors, this page must be copied and a separate page submitted for each contractor/vendor.

6. Total of invoices for third party bodily injury or property damage claimed on this form.

\$ _____

7. Proof of payment is required for each invoice. **The reimbursement will be issued to the owner or operator unless a Designation of Representative (Form 5) has been filed with the Board.**
8. An Assent to Audit is required for each consultant, contractor, or subcontractor who has worked at the release site. Numerous consultants, contractors, and subcontractors have an Assent to Audit for all releases (PTRCB Form 2A) on file with the Board staff. Consultants, contractors and subcontractors must have one of these two forms on file with the Board staff before this claim can be reimbursed.
9. Verification — I hereby verify that I have sustained the bodily injury or property damage listed on this form and I am asking for reimbursement in the amounts listed.

Signature of Third Party

Date

Impacted Third Party Name (typed or printed)

Title

Subscribed and sworn to before me on this _____ day _____ 20__.

Notary Public

(S E A L)

Notary Public for the State of _____
Residing at _____
My Commission Expires _____

10. Certification & Acknowledgment — This form must be signed by the owner or operator before reimbursement can be made.

I have reviewed the information in this document. I hereby certify to the best of my knowledge all information contained within this document is true and correct. I understand that the Petroleum Tank Release Compensation Board will reimburse only those claimed costs that it determines to be actual, necessary, and reasonable.

Owner or Operator Signature

Owner or Operator Name (typed or printed)

Title

Subscribed and sworn to before me on this _____ day _____ 20____.

Notary Public

(S E A L)

Notary Public for the State of _____
Residing at _____
My Commission Expires _____

Submit this completed claim and supporting documents to the following address:

**PETROLEUM TANK RELEASE COMPENSATION BOARD
P.O. BOX 200902
HELENA, MT 59620-0902**